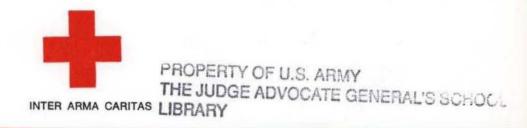
JUNE 1974 FOURTEENTH YEAR - No. 159

international review of the red cross



GENEVA
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FOUNDED IN 1863

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INTERNATIONAL REVIEW OF THE RED CROSS

JUNE 1974 - No. 159

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FRENCH EDITION OF THE REVIEW

The French edition of this Review is issued every month under the title of Revue Internationale de la Croix-Rouge. It is, in principle, identical with the English edition and may be obtained under the same conditions.

SUPPLEMENTS TO THE REVIEW

SPANISH

Conferencia Diplomática sobre la reafirmación y el desarrollo del derecho internacional humanitario aplicable en los conflictos armados - Fallecimiento del Señor Pierre Boissier - Nueva película del CICR - Comisión permanente de la Cruz Roja Internacional - En el Museo Internacional de la Cruz Roja - España.

GERMAN

Diplomatische Konferenz über die Neubestätigung und die Weiterentwicklung des humanitären Völkerrechts - Tod Pierre Boissiers - Das internationale Rotkreuzmuseum - Spanien - Österreich - Ständiger Ausschuss des internationalen Roten Kreuzes.

INTERNATIONAL REVIEW OF THE RED CROSS

The International Review is published each month by the International Committee of the Red Cross

17, avenue de la Paix, 1211 Geneva, Switzerland Postal Cheque No. 12 1767

Annual subscription: Sw. Fr. 30.— (\$10.—)
Single copy Sw. Fr. 3.— (\$1.—)

Editor: J.-G. LOSSIER

The International Committee of the Red Cross assumes responsibility only for material over its own signature.

Sport and the physically and mentally handicapped

Some time ago, the International Review published an article describing the movement of solidarity which swept the Junior Section of the Japanese Red Cross when hundreds of disabled arrived in Tokyo, in 1964, for the International Games which had been organized for them. The competitions, which were launched more than twenty years ago, are spreading to an ever larger number of countries, and as they now cover a wide range of sports, they are in principle held in the context of the International Olympic Games. What a fine example of endurance and fortitude we are set by men and women who, although struck by bodily ills, do not submit but find fulfilment in some form of sport!

The Junior Red Cross of Japan played an outstanding part in ensuring the success of the Games, and we published at the time a report by Mrs. Sachiko Hashimoto, Director of the Japanese Junior Red Cross, on Red Cross activities during the Games and, in particular, on the interpretation service which she organized and which in so many cases proved extremely effective. Not only did young Red Cross volunteers help disabled competitors communicate with one another by means of a language they had learnt for that special purpose, but by rendering all manner of small services they eased the life of persons who could get about only in a wheelchair.

Mrs. Hashimoto wrote: "The more we saw the facts, the more were we impressed with the victory of the mind over the weaknesses of the flesh. This led us to discover the essential value of human dignity. Many of the participants, well on the way to rehabilitation, asked us not to push their wheelchairs from behind, but to walk beside them so that they might see us

and enjoy our conversation. 'We do not need pity' they said, 'but understanding'. Indeed, to understand is to share their joys and sorrows and also their struggle for personal dignity. This golden rule was followed by Red Cross volunteers who, when offering their services, would humbly ask: 'May I stay with you?' and 'Can I help you?' ... Thus we are immensely grateful to all those who came such long distances in their wheelchairs, and to the escorts of the competitors who opened up a new aspect of life for 155 young people of the Red Cross of Japan."

Other National Societies, too, are concerned with the lot of the handicapped in their own country. Among the many examples we have before us, we might mention the action of the German Red Cross of the German Democratic Republic for the rehabilitation of invalids in specialized clinics; that of the German Red Cross in the Federal Republic of Germany, which at Mardorf has a centre where deficient children receive appropriate modern therapeutic treatment, and that of the Algerian Red Crescent, which runs an orthopaedic centre at Constantine. We might also mention the two "friendship cars" of the Swiss Red Cross, which so far have provided one-day trips for more than 30,000 handicapped persons of all ages.

Sport is of even greater significance for the well-being of the severely disabled than it is for the able-bodied, according to Professor Ludwig Guttmann, a pioneer in this field. His main principle is that sport is of immense therapeutic value to the paralysed and to other disabled persons, for it complements physiotherapy and is invaluable in restoring strength, co-ordination, speed and endurance. After thirty years' service in the cause of the disabled, Professor Guttmann, who launched the Stoke Mandeville movement, can now see the full results of his struggle and unfailing devotion.

We are grateful to the Nursing Times for allowing us to reproduce large excerpts from Mrs. Wendy Robinson's article 1 about what has been done for the mentally and physically handicapped, thanks to Professor Guttmann. (J.-G. L.)

* *

... Early in 1944, after the opening of the Spinal Injuries Centre at Stoke Mandeville Hospital, in England, Professor Sir Ludwig Guttmann,

¹ London, 12 July 1973, "Sport and Recreation for the Mentally and Physically Handicapped".

a pioneer in the field of the rehabilitation of the disabled, introduced sport as part of the clinical treatment of spinal cord paraplegics. Originally it was considered to be a useful means of combating boredom in hospital for paraplegic servicemen. But it was so successful that it became evident that sport could play a paramount part in physical and psychological rehabilitation.

Today Stoke Mandeville has its own sports stadium for the paralysed and other disabled, and throughout the summer games and sports are held with competitors coming from all over the world to take part.

The first sports introduced at Stoke Mandeville for paraplegics were as a result of successful experiments. It was found that punch-ball exercise, darts and snooker could be performed satisfactorily from a wheelchair. And wheelchair polo soon became the first competitive team sport for paraplegics, followed closely by badminton and basketball. These experiments were the beginning of a systematic development of competitive sport for the paralysed, and many other events such as archery, fencing, table tennis, weight-lifting, bowling, field events and swimming were added in due course.

It was only logical, said Sir Ludwig, to start a sports movement for the paralysed following their discharge from hospital, and in July 1948 the first Stoke Mandeville Games for the paralysed were held. The idea that paraplegics in wheelchairs could become sportsmen and sportswomen in their own right has since spread to all parts of the globe. Only four years later, in 1952, the Stoke Mandeville Games became an annual international sports event, when a team of paralysed ex-servicemen from Holland came to Aylesbury to compete in them.

Year after year, the number of competitors and sports events has increased, and so far paralysed wheelchair athletes representing 56 countries have taken part in these Games. Every fourth year, whenever it is possible, they take place in the country and place where the Olympic Games are organized. In 1972, for example, the Games took place in Heidelberg, Federal Republic of Germany, where 1,000 paraplegics took part.

The success of the sports activities for the paralysed has been a great incentive and inspiration to other disabled people in encouraging them to take up sport. It seemed, therefore, worthwhile to bring together various other disabled, in particular amputees, the blind and those suffering from cerebral palsy, in multi-disabled sports contests. This led

to the foundation in 1961 of the British Sports Association for the Disabled, the headquarters being situated at Stoke Mandeville. Annual Multi-disabled Games are held there, in May for children between the ages of five and fifteen, and in September for adults.

It was because of the inadequacy of existing sports facilities for the disabled that Sir Ludwig instigated the building of a specially designed sports stadium. This ambitious project was built by the British Paraplegics Sports Society and took less than a year to complete. The sports centre, which was opened in July 1969, has been designed to be completely accessible to all kinds of disabled people, whether ambulant or in wheelchairs. There is a very large sports hall for games such as basketball, volley ball, badminton and tennis, while smaller halls are provided for fencing, table tennis, snooker and weight-lifting. In addition, there is a ten-pin bowling alley.

One of the greatest attractions is the 25-metre heated Olympic swimming pool, with continuously circulating water. Spectator stands for both the main hall and swimming pool have been included. And the dining hall enables 250 wheelchair users to eat at one sitting.

Accommodation huts have been built so that competitors and their escorts have somewhere close at hand to stay during the various sports and games. One of these has been adapted for use as an indoor bowling green during the winter months by both the disabled and the able-bodied. Sir Ludwig said that this has been such a resounding success that a six-rink indoor bowling green is at present under construction. "There is nothing else like this in the world," he said, enthusiastically, "it is unique..."

...One of the barriers to sport for the disabled, Sir Ludwig stressed, was that although there are numerous sports halls and centres throughout the United Kingdom, very few meet the needs of those in wheelchairs. Access is often difficult, if not impossible, for wheelchair users because of the presence of steps and the lack of lifts. This means that unless there are negotiable ramps the disabled have to rely on the assistance of able-bodied helpers, which immediately deprives them of their independence. As well as this, toilet facilities are, as a rule, much too small and narrow to allow negotiation of wheelchairs...

... However, there is another barrier to the physically handicapped using general sports centres, and especially swimming pools. "This is that prejudice," said Sir Ludwig, "still so deeply ingrained in society, that

sportive activities of the disabled are an embarrassment to the ablebodied." It had, therefore, been a completely new approach in this country to build a sports centre primarily for the disabled, but at the same time also opening its doors to certain sections of the able-bodied community.

Since its opening, the Stoke Mandeville Sports Stadium has proved an invaluable contribution not only to furthering sport among the disabled in the whole country, but also to providing better sports facilities for the local community generally. Above all, the stadium has broken down the barrier which has existed between the able-bodied and the disabled. It has shown that integration of both in sporting activities is not only feasible but most beneficial for both sections of the community.

* *

Sport can play an inestimable part in helping a severely disabled person to become socially reintegrated in the community.

Any injury or disease resulting in severe disability such as blindness, loss of limb and partial or complete paralysis, upsets to some extent the precision, economy and course of the normal movement patterns of the body. These abnormal patterns are characterized by weakness, stiffness and lack of co-ordination. The realization and sudden awareness of these unusual movements has a tremendous and shattering psychological impact on the physically disabled person.

He tends to become withdrawn and often finds social contact with his able-bodied fellowmen difficult and, sometimes, even impossible. As a result he may lose his self-confidence and personal dignity. And if he is regarded as out of the ordinary by society, he may be consumed with self-pity, become isolated and develop an anti-social attitude. All these adverse psychological reactions apply to disabled people with otherwise normal intellectual faculties.

Sporting activities which are carried out in hospital and then continued after discharge are ideal, Sir Ludwig said, in preventing the disabled from resigning themselves to their disability. Sport, in his opinion, counteracts the development of psychological tensions and antisocial attitudes.

There are some sports in which the disabled, including those in wheelchairs, are capable of competing alongside the able-bodied. For instance in archery, darts, bowling, snooker and table tennis, the paralysed and amputees can frequently hold their own, while amputees and the blind excel at swimming.

Some outstanding sportsmen and women who have suffered injuries or disease of their neuromuscular systems have succeeded, by intensive training of compensatory techniques, to overcome their abnormal patterns of movement and regain their previous high athletic performances, including Olympic championship.

People who are disabled with congenital or acquired physical disabilities, combined with mental disorders, such as children with cerebral palsy, or those of any age who have sustained cerebral injuries resulting in partial paralysis, need special consideration. Their aptitude for sporting activities is more or less diminished and their classification in the various sports events is more difficult, requiring specialized medical and psychological assessment.

However, the beneficial effect of sport on the well-being of the mentally handicapped in promoting interest, concentration and relaxation is in no doubt. Certain psychiatric in-patients come with their nursing attendants, three times a week, from a nearby mental hospital to Stoke Mandeville Sports Stadium for swimming sessions. This has been a valuable therapeutic factor in their treatment.

For the physically handicapped, a prominent symptom in the early stages of rehabilitation, especially following fractures of limbs, amputations and paralysis, is fatigue. In contest with himself, to improve his performance, the disabled person learns to overcome this. The initial cause of the handicap, whether it is congenital malformation, disease, industrial, traffic or sports accident or war injury, is of little importance.

The great advantage of sport over formal remedial exercise lies in its recreational value, Sir Ludwig observed. This is particularly important for many of the severely handicapped who, today, are able to work. Many of them are employed in factories or offices, and sport can have a very beneficial effect in counteracting the boredom and frustration of their job...

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CONFERENCE OF GOVERNMENT EXPERTS

ON WEAPONS WHICH MAY CAUSE UNNECESSARY SUFFERING OR HAVE INDISCRIMINATE EFFECTS

We publish below the text of a circular which the ICRC sent on 17 May 1974 to all governments and national liberation movements which were invited to the recent Diplomatic Conference in Geneva.¹

The XXIInd International Conference of the Red Cross (Teheran, November 1973), in resolution XIV, invited the International Committee of the Red Cross to call in 1974 a conference of government experts to study in depth the question of prohibition or restriction of the use of conventional weapons which may cause unnecessary suffering or have indiscriminate effects, and to transmit a report on the work of the conference to all governments participating in the Diplomatic Conference on Humanitarian Law held in Geneva, with a view to assisting them in their further deliberations. The General Assembly of the United Nations has noted this resolution [A/RES/3076 (XXVIII)].

On accepting this mandate on weapons, the ICRC stated that it counted on the assistance of States to solve the problems to which the organization of such a conference gave rise and, in particular, to ensure that the costs of organizing the conference, which could in no case be borne by the ICRC's budget, would be met.

The recent Diplomatic Conference on International Humanitarian Law (Geneva, 20 February to 29 March 1974) set up an "ad hoc Committee" to study the question of prohibition or restriction of the use of certain conventional weapons. In the

¹ See International Review of March and May 1974.

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course of the proceedings of this "ad hoc Committee", the ICRC has submitted a plan on the organization of the Conference on weapons. After noting the comments and suggestions of the plenipotentiaries participating in the Diplomatic Conference, the ICRC confirmed on 25 March 1974 that it was prepared to convene the Conference on weapons at Lucerne. The ICRC drew attention, however, to the fact that the execution of this project depended on financial support from Governments.

While the total contributions pledged so far do not entirely cover the cost of the Conference, estimated at 500,000 Swiss francs, the ICRC has decided to call it and has selected the period from 24 September to 18 October rather than the month of June originally contemplated. The ICRC hopes that those Governments which have not yet announced the amount they propose to contribute will do so in the meantime. The ICRC for its part intends to use the extra three months for completing preparations for the Conference.

Attached hereto are the programme of the work of the Conference as approved by the "ad hoc Committee" of the Diplomatic Conference, the rules of procedure of the Conference, a note containing technical and practical information about the Conference, and forms for the booking of rooms. The ICRC requests that these forms be sent as early as possible, and in any case by 31 July at the latest, to the address indicated ¹.

With regard to the question of participation in the Conference, the ICRC, as may be seen from the rules of procedure attached hereto, has acted in conformity with the decisions taken by the Diplomatic Conference.

However, the ICRC has been approached on several occasions, with a view that it should accept the participation of experts nominated by Governments or other bodies which were not represented at the Diplomatic Conference, in particular the Provisonal Revolutionary Government of South Vietnam.

The ICRC is extremely anxious to obtain the universal recognition and application of the Geneva Conventions and of the rules of humanitarian law. Consequently, it is natural that it should

¹ These documents are not reproduced here.

support the idea to include the largest possible number of Governments and authorities on whom this application may depend, in order that they may participate in the elaboration of new rules of humanitarian law, and it is prepared to send invitations to attend the Conference, in accordance with the requests addressed to it.

But it was apparent from the discussions that took place at the Diplomatic Conference that the question of invitations is of a highly political character, and it is the ICRC's conviction that it would be contrary to its mission to be involved in the political controversies in which Governments are opposed and which can only be settled by the Governments concerned.

In this particular case, as the Conference of experts on weapons is linked, by resolution XIV adopted by the International Conference of the Red Cross at Teheran in November 1973, to the Diplomatic Conference and is itself a continuation of the latter, the ICRC considers that it cannot just simply go against decisions taken by the Diplomatic Conference, where the question of invitations is concerned. Accordingly, the ICRC requests Governments to let it know in writing, before 31 July 1974, if they are in favour or not of the participation of experts nominated by the Provisional Revolutionary Government of South Vietnam or by other bodies which had not taken part in the Diplomatic Conference. The ICRC will stand by the wishes expressed by a majority of the replies sent to it.

Any observations relative to the composition or to the rules of procedure of the Conference on weapons should be submitted before 31 July 1974 direct to the ICRC, as the Conference, by its very nature, is not competent to discuss such questions.

The ICRC would also be glad to know as soon as possible the names of the experts appointed by the Governments concerned in order that it may be able to make all necessary arrangements for the organization of the Conference.

In our last November issue we reviewed a report 1 on the same subject summarizing the work of a meeting in Geneva in 1973 of

¹ "Weapons that may Cause Unnecessary Suffering or Have Indiscriminate Effects"; 72 pp, price Sw. fr.12.—, available from Documentary Service of the ICRC.

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a group of experts on modern conventional weapons. Now a conference under Red Cross auspices has been convened by the ICRC, to take place in Lucerne, the purpose being, according to Rule 8 of the Rules of Procedure: "the study in depth, from the humanitarian standpoint, of the question of the prohibition or limitation of the use of conventional weapons that may cause needless suffering or have indiscriminate effects; the Conference shall therefore abstain from any discussion of a controversial or political nature".

The Conference programme, as drawn up by the ICRC, covers the following seven items:

1. Discussion and analysis of *proposed legal criteria* for the prohibition or restriction of use of certain weapons ("unnecessary suffering", "indiscriminate effects", "treacherousness", any other criteria?).

2. Incendiary weapons

- (a) brief description of the various weapons within the category;
- (b) military value and effects of the various weapons, including their functional interrelationship with other weapons and weapon systems; possible alternatives to the weapons discussed and effects of such alternatives;
- (c) how accurate are the various weapons and how great are the dangers of their affecting civilians and combatants alike?
- (d) medical effects of the various weapons including the degree of suffering or injury inflicted by them;
- (e) assessment of the various weapons in the light of applicable criteria;
- (f) technical, operational and legal practicability of prohibitions or restrictions of the use of the weapons, and the form any such prohibitions or restrictions might take.

3. Small-calibre projectiles

(the same sub-division as in paragraph 2, and study of the threshold of high velocity of a projectile, its form and its composition).

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- 4. Blast and fragmentation weapons (including fléchettes) (same sub-division as in paragraphs 2 and 3).
- 5. Delayed-action weapons and treacherous weapons (same sub-divisions as in paragraphs 2).
- 6. Other categories of weapons and new weapons
- 7. Any other business

(e.g. periodical updating of list of prohibited or restricted weapons, problem of reciprocity and reprisals; verifying and establishing violations).

DISSEMINATION OF THE GENEVA CONVENTIONS

A TEACHING PLAN FOR SECONDARY SCHOOLS

The XXIInd International Conference of the Red Cross, at Teheran last November, unanimously adopted Resolution No. XII calling upon governments and National Societies to intensify their efforts to disseminate the Geneva Conventions. It also requested the ICRC to support such efforts, inter alia by preparing information material and by advising National Societies in their plans for the dissemination of the Conventions and Red Cross principles. Consequently, the ICRC is now putting forward a teaching plan for secondary schools. The plan is based on the experience of the Austrian Red Cross, and we reproduce it hereunder.

Incidentally, we should not omit to mention in this connection the remarkable efforts of the Japanese Red Cross, as reported in an article by Mrs. Sachiko Hashimoto, then Director of the Japanese Junior Red Cross, published in our issue of December 1961. That article, similar to the paper which Mrs. Hashimoto delivered to the World Conference of Educators, described the work undertaken among the youth of Japan. It was concluded by the author's declaration of faith in the effectiveness of the work of teachers and Red Cross youth to promote the dissemination of the Red Cross idea "to which", she said, "the Conventions give concrete expression".

* *

¹ This Conference was held at Lausanne in 1963, on the occasion of the Centenary of the Red Cross.

From the end of 1972 to the beginning of 1974, a National Society—with the close co-operation and support of the Ministry of Education of the country concerned—held six central courses on international humanitarian law and the Red Cross for secondary school teachers, in different types of school where ages ranged from ten to twenty. The teachers who attended the central courses were teachers of history, regarded as the most suitable subject for the teaching of Red Cross principles and international humanitarian law. A representative of the ICRC took part in the effort from the outset and lectured on certain subjects.

Following the central courses, regional courses are to be held for the training of teachers who in turn will deal with the subject in their classes.

Since the system has proved itself, it seems desirable to bring this to the notice of all National Societies and to suggest that they too should use it, with the agreement of the competent national Authorities. The ICRC would be prepared, if so desired, to lend its assistance as far as possible.

The following plan contains the technical information necessary for the organization of such courses.

I. Basics

- The teaching will be planned and co-ordinated nation-wide, in close co-operation with the Ministry of Education and the National Red Cross, Red Crescent or Red Lion and Sun Society.
- 2. The teaching will be incorporated into a major branch of learning; history would seem to be the most appropriate.
- 3. The teaching will be in stages: the basis will be a central course for teachers who, in turn, will instruct their colleagues in the provinces: finally, teaching in the classrooms.

II. Organisation

- 1. Base: a group of three persons
 - one of whom will be from the Ministry of Education (with the backing of the authorities to ensure acceptance of the course); and

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— two of whom will draw up and disseminate the teaching programme in the central courses. At least one of these people shall be a member of the National Society.

2. Central Courses

(a) Programme:

- first part (1½ days): description of the Red Cross and of international humanitarian law;
- second part ($\frac{1}{2}$ day): working out of a teaching programme (e.g. how to give a standard lesson).

(b) Participants:

Ideally, there should at each course be about 30 teachers from various regions and types of school: too many at a time would be detrimental.

3. Courses in the provinces

Participants in the central courses will, in turn, for their own provinces, instruct one or more persons per school (e.g. the history teacher or teachers).

4. Classroom teaching

- Take advantage of a suitable opportunity (e.g. in history classes or, even better, in connection with some topical event).
- Avoid making the lesson too long, but return to the subject several times.
- Use audio-visual material as much as possible.

III. Subject matter

1. Central courses (5 talks)

- History of the Red Cross and of international humanitarian law.
- The Red Cross: ICRC, League, National Societies, and outline of the "International Red Cross".
- The 1949 Geneva Conventions and the draft Additional Protocols (main talk).
- The basics of international humanitarian law.
- History and activities of the National Society.

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There should be sufficient time allowed after each lecture for discussion and questions and answers.

2. Courses for provincial instructors and in the classes.

The subjects will be the same as in the central courses, but the provincial teachers themselves will prepare the lessons they will be called upon to give, in accordance with their own ideas, or with the programme taught them in the central courses.¹

¹ The ICRC can make the following material available for use in your courses:

^{— &}quot;The Red Cross", published by the Henry Dunant Institute. Sw.fr. 1.— (English, French, Spanish, Arabic, German);

[—] Course of Five Lessons on the Geneva Conventions. Sw. fr. 8.— (French, English, German, Spanish);

Colour slides "The Geneva Conventions". A series of 20 slides with comments. Sw. fr. 20.— (French, English, Spanish, German, Arabic, Italian, Russian, Portuguese).

ONE MORE BIG JOB FOR THE CENTRAL TRACING AGENCY

The *International Review* has several times described the work done by the ICRC in rendering humanitarian assistance to victims of the 1971 events in the Asian sub-continent. That assistance was for civilians as well as for prisoners of war and civilian internees, and it was rendered in various ways. A detailed article in our April 1974 issue described the repatriation of 250,000 persons in the Asian sub-continent, with the co-operation of the ICRC.¹

But there is another activity which we have also frequently mentioned, that of the Central Tracing Agency (CTA)². In September 1971, this ICRC Agency, in Geneva, established agencies in Bangladesh, India and Pakistan, which were to act as its branches in the capitals of those countries and which, in turn, were to set up subagencies in different places in each country, their main purpose being the transmission of civilian messages (more than three million such messages circulated between Bangladesh and Pakistan) and the registering of those who wished to be transferred from one country to another (more than 680,000 persons). At the time of peak activity, the CTA's agencies and sub-agencies were manned by more than twenty delegates from Geneva and 300 local employees.

Now that the repatriation of Pakistani prisoners of war and civilian internees from India has ended, and the ICRC's work in Bangladesh and Pakistan is in its final stage, the Central Tracing Agency is preparing to close down its bureaux in those three countries. As we shall see, however, work is going on at CTA head-quarters in Geneva.

¹ As mentioned then, it was possible for this repatriation operation to be carried out only through the positive stand adopted by the three countries concerned and the co-operation shown by Switzerland, the United Nations High Commissioner for Refugees and the ICRC.

² Plate.

Ten persons are still at work in the card-index section covering the December 1971 Indo-Pakistan conflict, and our records are completely up to date, so that when the Indian and Bangladesh Red Cross Societies and the Pakistan Red Crescent take over the local bureaux, the Agency will be in a position to give them speedy and efficient co-operation in tracing the missing.

What at first sight might seem obvious is, in fact, extremely important: an incomplete or poorly recorded card-index would be of no use whatever to a family in quest of news about one of its members. Precision is a prerequisite for the work which CTA will henceforth carry out, in close co-operation with the National Societies.

While the Agency is the only link between separated families during or immediately after a conflict, it later becomes the "notary" of captivity, for it keeps in its archives a minute record of all information obtained about persons protected by the Geneva Conventions.

For the Indo-Pakistan conflict alone, the Agency has 800,000 cards relating, on the one hand, to Pakistani and Indian prisoners of war and civilian internees and, on the other, to Bengalis and Pakistanis transferred to their country of origin. The large number of index-cards can be explained by the fact that for one person there may be several documents. Thus, for a prisoner of war there will be the capture card completed on his arrival in camp, the official notification from the detaining authorities, a possible notification of transfer or death, and, lastly, the repatriation card.

Moreover, documents drawn up in Bangladesh, India and Pakistan will shortly be sent to Geneva, where they will be assembled. An individual medical card-index established by ICRC doctor-delegates may prove invaluable at some future date. It often happens that long after a prisoner's return the Agency will receive a request for a certificate of captivity, sickness or death, for the purpose of claiming compensation or a pension.

With the end of repatriation, too, the Agency may receive a number of inquiries from families distressed because they have not managed to find a relative who, they thought, was a prisoner or internee; and, in the case of deceased captives, their heirs often

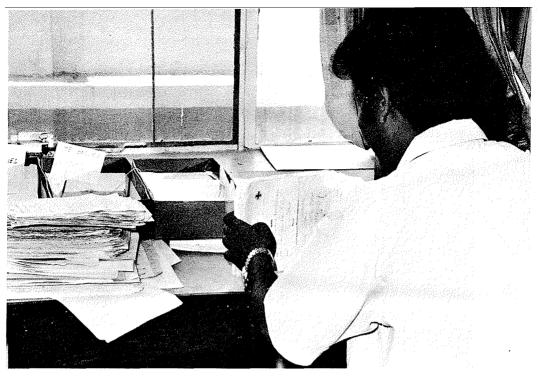
INTERNATIONAL COMMITTEE

apply to the Agency long after the events. Incidentally, the Agency still receives requests for certificates of captivity relating to World War One.

Hence the importance of the card-index system: it must allow any item of information to be ascertained at any time. The problem is sometimes complex because of the language, phonetic spelling or homonyms.

In the case of the Asian sub-continent, the names of captives in India and Pakistan were recorded phonetically rather than alphabetically, and army registration numbers were recorded with a view to sorting out homonyms. For Pakistanis, 7,700 cards were found to bear the name Mohamed Siddiqi, and for Indians one-third bore Singh! Yet the officers of the Central Tracing Agency in Geneva have meanwhile gained considerable experience in this sphere.

There is not the slightest doubt that these records, which were so useful during the period of captivity, will for many years to come continue to be useful, like those established following a great many other conflicts.



Local branches in Islamabad of the Central Tracing Agency \dots

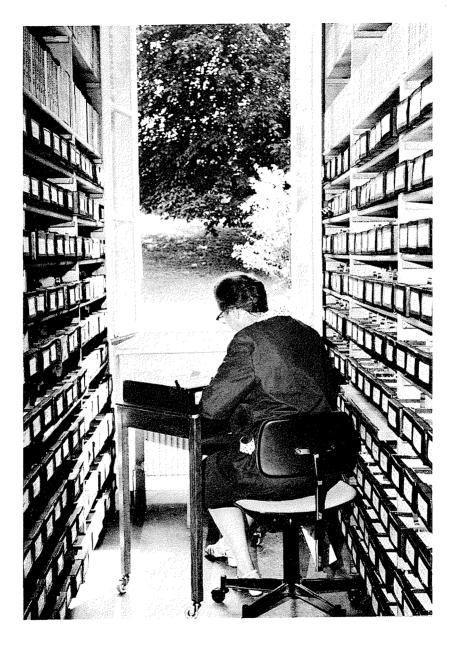
Photo J. J. Kurz/ICRC

FOR THE VICTIMS OF THE CONFLICT BETWEEN INDIA AND PAKISTAN

... and in Dacca

Photo Jolliet/ICRC





The Central Tracing Agency continues its work at ICRC headquarters in Geneva.

Photo J. J. Kurz/ICRC

EXTERNAL ACTIVITIES

Latin America

Chile

During April 1974, the ICRC delegation in Chile continued its activities on behalf of detainees and their families.

ICRC delegates and doctors visited some twenty places of detention and saw more than 2,800 detainees. As in previous months, the ICRC provided the detainees with material relief consisting mainly of medicaments, blankets, mattresses and working implements.

For the needy families of detainees, the ICRC is developing the plan of assistance which was launched in January and to which a sum of 100,000 Swiss francs has been assigned. About 2,000 families (or more than 8,000 persons) are thus supplied with food, clothing, blankets and various other relief items.

Uruguay

Visits to places of detention

From 25 March to 10 April 1974, the ICRC regional delegate for Latin America, accompanied by a delegate, was in Uruguay and there met the Ministers of Defence and the Interior, the Director-General of Prisons and various civilian and military authorities.

The two ICRC delegates visited four civilian prisons in Montevideo, where they saw more than 2,500 detainees, including about a hundred who were being held for offences or reasons of a political nature. In two prisons, the delegates provided medicaments. The ICRC delegates also had contacts with leaders of the National Red Cross Society during their stay in Montevideo.

Asian Sub-Continent

The repatriation of Pakistani prisoners of war and civilian internees in India, which began under the auspices of the ICRC on 28 September 1973, following the New Delhi Agreement, was completed on 30 April 1974. During that time, 105 special trains conveyed 72,795 Pakistani prisoners of war and 17,186 civilian internees. Since February 1972, ICRC delegates have paid 424 visits to some fifty Indian internment camps, and the ICRC Central Tracing Agency has transmitted 15 million Red Cross messages between prisoners and their families.

With the end of repatriation operations between India and Pakistan, the ICRC delegations in those two countries have been reduced. As from 30 April, each is composed of five persons, whereas the New Delhi and Islamabad delegations comprised up to fifteen and twenty-one respectively (apart from local personnel).

In Bangladesh, the ICRC is maintaining its present force of sixteen delegates as the transfer operations between Pakistan and Bangladesh, conducted jointly with the Office of the United Nations High Commissioner for Refugees (UNHCR), have not yet ended. On 30 April, 83,931 Pakistanis returned to Pakistan, while 117,514 Bengalis left Pakistan for Bangladesh. These operations are continuing at the rate of several flights a day.

From 24 March to 25 April 1974, Mr. N. Vecsey, Deputy Director of the ICRC Central Tracing Agency, went to the three countries of the Asian sub-continent to prepare for the winding up of the bureaux of the ICRC Agency when their activities come to an end.

First in Pakistan and then in Bangladesh and India, Mr. Vecsey met officers of the Red Crescent and Red Cross Societies and conferred with them on various problems connected with the taking over of those bureaux by the three National Societies.

Middle East

Israelo-Arab conflict

During April 1974, the ICRC continued its approaches and activities on behalf of prisoners of war.

In the Syrian Arab Republic, the authorities notified the ICRC delegation of an Israeli prisoner of war whose plane had been brought down on 20 April. The man, who is wounded, is receiving care in a hospital.

On 21 April, ICRC delegates visited two wounded Israeli prisoners of war in Damascus hospital, and on 1 May sixty-three more Israeli prisoners of war. Family parcels were transmitted to them by the ICRC.

In Lebanon, on 16 April ICRC delegates made a first visit to Israeli prisoners of war who had been captured on 10 April.

Lastly, *in Israel*, two camps holding some 400 Arab prisoners of war of Syrian, Iraqi and Moroccan nationality, were visited on 3 and 10 April respectively.

The ICRC was notified by the authorities of the capture of two Syrian soldiers, on 7 and 29 April.

Prison visits in Israel and occupied territories

During March 1974, ICRC delegates visited nationals of occupied territories and various Arab countries imprisoned in Israel and the occupied territories. The twenty-eighth round of visits covered thirteen prisons (seven in Israel and six in the territories on the West Bank and in Gaza-Sinai), and approximately 2,500 civilian detainees.

The ICRC is authorized, usually one month after arrest, to see the so-called security cases (persons sentenced, charged or in preventive detention) and those sentenced or charged under ordinary law. It will be recalled that ICRC delegates do not visit Arab detainees of Israeli nationality as the Fourth Geneva Convention does not protect that category.

During their visits, delegates interview prisoners without witnesses. There is a monthly distribution of parcels containing extra food for prisoners who have had no family visit for more than three months. Lastly, the ICRC arranges for bus transport, also once a month, for the benefit of needy families who want to visit a relative in one of the places of detention.

Student transfer

On 29 April, ICRC delegates organized the transfer of seventysix young people from Gaza to Cairo, by the El Qantara road, for study purposes.

Family reuniting operations

Under the auspices of the ICRC, a family reuniting operation took place on 10 April. Sixty-two persons went to Gaza-Sinai occupied territory while forty-five crossed over to the Valley of the Nile.

IN GENEVA

A Course on Humanitarian Law

A group of six army officers, from Dahomey, Ivory Coast, Mali, Mauritania, Senegal and Zaire, followed a course in Geneva organized jointly by the Swiss army and the International Committee of the Red Cross from 29 April to 10 May 1974.

The purpose of the course was to train army officers to disseminate, among members of the armed forces in each of the countries to which they belong, the principles of the Red Cross and of international humanitarian law. It was the first time that a course of this kind has been organized.

The officers attended the course given to Swiss army officers at the Geneva barracks.

During the five days spent at the ICRC, the trainees had several working sessions with the directors and senior officials of the ICRC and visited also the League of Red Cross Societies.

At the end of their stay in Geneva, the six officers expressed the hope that such courses would be organized for other army officers from Africa, a hope which the ICRC will endeavour to fulfil as far as possible.

IN THE RED CROSS WORLD

INSTITUT HENRY-DUNANT

The General Assembly of the Henry-Dunant Institute held its annual meeting on 16th May 1974.¹

The General Assembly, which is the governing body of the Institute, comprises the three member institutions, namely the International Committee of the Red Cross, the League of Red Cross Societies and the Swiss Red Cross.

The General Assembly paid tribute to the memory of the first Director of the Henry-Dunant Institute, M. Pierre Boissier, whose death following an accident occurred on 26th April 1974.

After reviewing the work accomplished by the Institute during the past year, the General Assembly approved the different research, training and publishing projects which are in progress.

The General Assembly decided that the Institute will pursue and develop its activities in accordance with the aims of its founders. Consequently, all projects previously announced will be carried out.

The General Assembly expressed its gratitude to Maître Pierre Audéoud for the manner in which he had discharged his duties as chairman throughout his term of office which has now expired.

The Assembly elected M. Jean Pictet, Vice President of the International Committee of the Red Cross, as Chairman, for a period of two years.

¹ Please note the new address of the Henry-Dunant Institute: 114, rue de Lausanne, 1202 Geneva.

SEMINAR ON THE PREPARATION OF RELIEF IN CASE OF DISASTER

From 22 to 28 April 1974, a Disaster Relief Training Course was held at Kuala Lumpur. It was organized by the Malaysian Red Cross Society in co-operation with the League of Red Cross Societies, represented by Mr. S. Kilde, director of the Relief Preparedness Bureau, Mr. Seveeratnam, regional delegate for Asia, and Mr. J. Weyand, relief operations officer. The seminar was attended by delegates from the National Societies of the following countries: Australia, Canada, India, Indonesia, Japan, the Republic of Korea, Malaysia, New Zealand, the Philippines, Singapore, Thailand and the Republic of Vietnam. Two ICRC delegates were present, Mr. F. Schmidt, head of the Logistics Division, and Mr. A. Tschiffeli, regional delegate for South-East Asia, who spoke about the organization of the Red Cross and the duties of the ICRC and the Central Tracing Agency.

Courses were held on subjects such as the co-ordination of intergovernmental relief organizations, the United Nations and other voluntary aid agencies; the League's responsibilities in case of disaster; various aspects of tropical medicine, and mass supply problems. They also comprised discussions and films on emergency relief. Two whole days were set aside for practical exercise by small groups.

On the latter occasion, a convoy of eighteen vehicles was mobilized (ambulances, a mobile clinic, large amphibious vehicles, jeeps, etc.). The participants themselves set up their camps. They slept in tents and thus actually led the existence of Red Cross workers engaged in disaster relief, the primary duty of the Red Cross, which must be ready at all times to help victims of natural disasters or warfare.

INTERNATIONAL RED CROSS MUSEUM

The International Review has published several articles about the Museum and the various events since it was installed at Castiglione delle Stiviere, in the beautiful Longhi palace. As one enters, one can admire the fine sequence of halls with their decorated ceilings, on three floors. The entrance lobby leads into the garden where, under the vaulting, sketches and samples of medical material used by the Italian Red Cross during the last century and until recently can be seen.

This year, Mr. E. Mutti, director of the museum, is organizing an exhibition with co-operation from the ICRC. It is to be inaugurated in the presence of the presidents of several regional sections of the Italian Red Cross, representatives of provincial and local authorities and of the international institutions of the Red Cross. It will be open to the public until 10 October 1974. Having as its theme From Solferino to the Present, it will include a large number of illustrations and reproductions of documents supplied by the ICRC, consisting mainly of pictures of the battle of Solferino, and dealing with the care which the women of Castiglione gave the wounded who had been brought there, and with the generous response of all the inhabitants of that town, the signing of the first Geneva Convention, the text of that Convention, and other landmarks in the history of the Red Cross.

We hope the exhibition will be very successful and that many of those who spend that time of the year in northern Italy will visit it. In the International Museum they will see an illustration of the growth of the Red Cross movement and the impetus that will carry it through the world.

Austria

The Austrian Junior Red Cross has for the fifth time held a seminar on the Red Cross and international humanitarian law. It took place at Strobl, St. Wolfgang, on 5 and 6 April 1974. Mr. F. de Mulinen, representing the ICRC, and Mr. F. Wendl, a National Society legal adviser, spoke on the Geneva Conventions. Mr. de Mulinen also described the duties of the ICRC. The discussions which followed centered on the most effective way of teaching humanitarian principles in schools and the import of Red Cross action in the world today.

The meeting was attended by thirty teachers of history (secondary education) and by representatives of several military schools and of the Austrian Ministry of the Interior. "Pax", an ICRC film, was shown during the seminar, and a lively discussion ensued. The film, which is meant for adults and the young alike, illustrates some essential rules of the Geneva Conventions.

The National Society sponsored a meeting, held at Ischl and Litzelberg on 7 April, of schoolchildren who volunteered to act as spokesmen for the Red Cross in schools. The ICRC representative reviewed the principles of the Red Cross and described ICRC activities to the boys and girls, aged fourteen to seventeen, who showed a keen interest in the problems outlined.

Bahrain

In September 1972, the International Committee officially recognized the Bahrain Red Crescent Society, which had been founded two years earlier. The Society's Information Committee recently issued a statement about some of the activities carried out over the past four years. This information is given below. One of the Society's immediate priorities is to establish trade schools, a

hairdressing school and a school for the training of typists. For the latter, some fifty students, both men and women, have been selected for the six-month course. Courses will begin when an adequate number of typewriters has been acquired.¹

We might add that representatives of the Bahrain Red Crescent Society attended the recent International Conference of the Red Cross, in Teheran, and took part in the proceedings concerning community services.

* *

In 1972, the Society held its first International Charity Bazaar, in which eight Arab and European countries participated.

It rendered assistance during the anti-cholera campaign recently conducted in Bahrain.

Health committees were formed to spread health education among Bahraini families, under a programme including the showing of films, visits to homes, and other activities such as promoting health awareness about rural latrines in villages. The Society rendered aid to needy families in Bahrain after the condition of each family had been studied by the Social Committee. In addition, help in the form of clothing and foodstuffs and monthly allowances was given to certain people.

The Society also sent aid to the victims of war or disaster in Asia, the Middle East and Latin America.

Some members of the Society sewed clothes which were distributed to poor girls in government schools. A sewing course was organized, and the first group of pupils passed the test at the Sewing Centre. The course will enable poor girls to improve their living conditions and provide them with a means of earning a living.

Social service and health education courses have been arranged for members of the Society, and the members of six first-aid groups have graduated.

Arrangements are being made for a long-term programme of collecting used clothing. A special committee will be responsible for collecting, preparing and distributing such clothing.

¹ See Panorama, League of Red Cross Societies, 1973/7.

IN THE RED CROSS WORLD

The Blood Bank established by the Society plays an important part in supplying the Government Hospital with blood donors. In Bahrain thanks to the efforts of the Blood Bank, there are enough blood donors to cover all requirements.

The Bahrain Red Crescent has arranged for a medical team to visit Nabi Saleh island. An ambulance is sent over every week, during sports events, to attend to casualties in case of accidents.

Five volunteers have been sent to Jordan to attend courses in management, organization and social services.

Spain

The Revista de la Cruz Roja Española, in its February 1974 issue, published an interesting article on the history of nursing from its beginnings. The article lays stress on the spirit of service with which every nursing trainee must be imbued if she is to carry out her duties well.

It pays a tribute to Florence Nightingale, beside whom it evokes the figure of Concepción Arenal, a Spanish woman of the same period whose activities were eminently humanitarian. As a sociologist and writer, she was appointed general visitor of women's prisons by Queen Isabel II, and, like Florence Nightingale in England, concerned herself with the social status of women in her country.

The Spanish Red Cross has always been very active in the sphere of nursing care. In 1918 it founded the first school for nurses, which was officially recognized in 1922. Subsequently, the Red Cross nursing unit was formed. There is also a body of Red Cross women voluntary aids, founded in 1917, which now has 30,850 members. Further, the Red Cross is planning to train nursing aids.

Here are a few figures which sum up the National Society's work in training nurses in an ever-larger number of schools, which award officially recognized diplomas.

There are	schools	in the	following	towns:
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	Founded	Number of pupils in 1974
Madrid	1918	228
Barcelona	1920	148
Seville	1947	55
Badajoz	1967	47
Valencia	1970	152
Castellón	1970	108
Tarragona	1971	42
Alicante	1972	41
Alcoy	1972	50

The Spanish Red Cross, however, considers the total of 871 pupils to be inadequate, and that in view of the development of hospital services and the growing need for nurses the teaching and training effort must continue.

* *

Attention should be drawn to a new worthwhile activity of the National Society for the dissemination of Red Cross principles and the Geneva Conventions. The Red Cross has organized in its premises at Santa Cruz de Tenerife weekly talks and discussion groups for students wishing to know about the Red Cross and humanitarian problems in the world today. The subjects are explained and the discussions led by Mr. J. J. G. de Rueda, Mexican Red Cross delegate to Europe and former adviser in Geneva to the ICRC and the League.

We wish him every success in this new and useful undertaking.

Indo-China

Republic of Vietnam

Owing to the fighting in the Khmer Republic, some ten thousand Cambodians took refuge in the Republic of Vietnam, in the Ha Tien area. Faced with such a situation, the National Red Cross requested the co-operation of International Red Cross Assistance (IRCA) in setting up an aid programme including relief distribution and medical care. The action which started on 15 May is being carried out jointly by a medical team of the German Red Cross in the Federal Republic of Germany and the National Society.

Two further medical teams are continuing their activities in the Republic of Vietnam. One of them, which is also from the Federal Republic of Germany, is based in Binh Tuy, while the other, composed of French doctors, provides treatment for the Montagnard population in the Phu Bon area. With the further influx of refugees and the needs ascertained, the team's work will need to be extended to the end of July 1974.

Laos

The chemo-prophylactic malaria control programme conducted by a French Red Cross mobile team, in co-operation with the Laotian Ministry of Health and the World Health Organization (WHO), is in its final stage. The programme, which started in the Long Xien area at the beginning of the year, has covered about 160,000 persons.

The other two medical teams are continuing their activities. The Japanese Red Cross team is at work at Pak Lay while the mobile team of the Swiss Red Cross has moved from Luang Prabang to Muong Nam (a few tens of kilometres away) and there launched a vaccination campaign against cholera and smallpox.

Khmer Republic

Two surgical teams of the Swedish and Belgian Red Cross Societies, based at Kompong Chhnang and Svay Rieng respectively, have been replaced by two new teams from the same countries.

Owing to the aggravation of the medical situation at Kampot, with about forty wounded a day, the IOG delegation at Phnom Penh has formed a temporary emergency surgical team composed of a surgeon from the French Red Cross, an anaesthetist from the Belgian Red Cross and a locally recruited nurse. The team was installed at Kampot on 7 May and will work until the arrival of a Canadian Red Cross team.

Lebanon

The Lebanese Red Cross conducted a national Management Training Course, 17–29 March 1974, for some 60 of its personnel, divided into three categories: managers, Red Cross Youth, and volunteers. The Director was Mr. Taoufik Rabah, of the Tunisian Red Crescent, who directed also the Regional Training Institute for the Red Cross and Red Crescent Societies of North Africa and the Middle East, in Bizerta, Tunisia, in 1972; the *International Review* published an article on that subject in its February 1973 issue.

This was the first national-level training course deriving directly from a series of regional training institutes carried out by the League of Red Cross Societies' Regional Services Bureau as part of its Development Programme. Two members of the Libyan Red Crescent were guest participants of the courses in Beirut. The League's Regional Officer for the Middle East and North Africa provided technical assistance.

Poland

The Sixth National Congress of the Polish Red Cross was held in Warsaw from 10 to 15 May 1974. Such assemblies take place once in five years, and on those occasions the members of the Steering Committee are elected by the representatives of local committees.

At the opening meeting, Dr. Jan Rutkiewicz, President of the National Society, spoke about the numerous activities of the Polish Red Cross in the field of public health, international cooperation and the dissemination and development of international humanitarian law. He said that the Society had more than 4,800,000 members, and trained more than 500,000 a year in first aid and the preparation of medical teams. In 1973, 63,850 medical teams had rendered aid to approximately 1,700,000 persons.

Dr. Eric Martin, President of the ICRC, referred to the work which the International Committee was doing and expressed that institution's sincere good wishes to the Polish Red Cross. He dwelt on its successful activities in various spheres.

The following day saw the election of a new Steering Committee. Dr. Ryszard Brzozowski, Vice-Minister of Health, was elected Chairman.

At a ceremony held by the Polish Red Cross in honour of the President of the ICRC, on 14 May, Dr. Brzozowski presented the Society's medal of honour to Dr. Martin and also to Miss Françoise Perret, the delegate who accompanied him.

While in Warsaw, Dr. Martin was received by the Minister of Health, the Vice-Chairman of the Council of State and the Secretary of State for Foreign Affairs, with whom he conferred about ICRC activities in Chile and the Middle East, the Diplomatic Conference scheduled to be held in Geneva next February, and the dissemination of the Geneva Conventions.

The ICRC President's visit to Warsaw took place in a cordial atmosphere. It should contribute to even closer links between the International Committee and the Polish Red Cross and Government authorities.

COMMISSION MEDICO-JURIDIQUE DE MONACO

The Commission médico-juridique de Monaco, consisting of doctors and jurists from various countries, held its seventh session in the Principality of Monaco from 18 to 21 April 1974. This session, presided over by Mr. Jean-Charles Marquet, marked the fortieth anniversary of the creation of the Commission. H.S.H. Prince Rainier of Monaco graciously honoured the assembly with his presence. The ICRC, invited as usual to send an observer, was represented by its Vice-President, Mr. Jean Pictet.

The session was entirely devoted to a consideration of the results of the Diplomatic Conference on the Reaffirmation and Development of International Humanitarian Law Applicable in Armed Conflicts, which had not long before held its first session in Geneva.

Dr. Etienne Boeri, Secretary-General of the Commission, first spoke on the contribution brought by the *Commission de Monaco* to the Geneva Conventions, more particularly to questions relating to hospital and safety zones and medical aircraft. The Commission noted with satisfaction the progress that had been made in those matters, and the ICRC representative thanked the Monaco institution for its able co-operation.

Professor Paul de la Pradelle gave a magisterial discourse on the "fundamental aspects of international humanitarian law", and Professor Jovica Patrnogic read a paper in which he advanced some thoughts on the evolution of the Diplomatic Conference.

At the end of the general discussion that ensued, several resolutions were adopted by the *Commission*. The most significant of these are given here.¹

¹ Our translation.

Resolution I

The Commission médico-juridique, at its VIIth session in Monaco on 18, 19 and 20 April 1974,

Having taken note of the results of the work of the first session of the Diplomatic Conference on the Reaffirmation and Development of International Humanitarian Law Applicable in Armed Conflicts,

Desirous, in line with its earlier studies, of contributing to a work which it deems to be of supreme importance for the safeguard of humanitarian principles in armed conflicts,

Vigorously affirms the autonomous and specific nature of humanitarian law, the traditional purpose of which is to protect the victims of armed conflicts within the meaning of the Geneva Conventions,

Judges it essential to pursue all the studies that may be appropriate to lay down the principles of humanitarian law, ensure its development, preserve the indefectible ties of those principles to the fundamental rules of general international law and thus avoid the pitfalls liable to compromise its application,

Considers it advisable to condemn without delay any interpretation of humanitarian law which, due to any motives whatsoever linked to a characterization of the conflict, to the nature of the combatants or to differences in the manner in which relief or treatment is given, might lead to discrimination in the application of the rules of the Geneva Conventions which are intended for the benefit of all the victims of armed conflicts,

Recalls in this connection its commitment to the fundamental principles governing the practice of medicine,

Hopes that all advances made in the organization of relief and the care of victims will be placed at the disposal of all parties to conflicts.

Resolution II

The Commission médico-juridique, at its VIIth session in Monaco on 18, 19 and 20 April 1974,

Referring to the work carried out at its earlier meetings from 1934 to 1939 on "Hospital zones and localities",

Concerned at the present evolution of war concepts and their repercussions on hospital techniques,

Having studied the proposals contained in the draft Protocols Additional to the Geneva Conventions of 12 August 1949, submitted by the ICRC to the Diplomatic Conference on the Reaffirmation and Development of International Humanitarian Law in Armed Conflicts at its first session in 1974,

CONSIDERS:

- (1) that, in spite of organizational and operational difficulties, the creation of "Hospital zones and localities", mentioned in the First Geneva Convention, provides, from the angle of hospital strategy for the immediate as well as the definitive treatment of war casualties, an appropriate and highly efficient answer to the conditions arising from all the forms of armed conflicts at present possible, including situations of nuclear war, with the massive losses which they entail,
- (2) that the "Hospital and safety zones and towns" for the civilian population, as provided for in the Fourth Convention, retain their utility, but that certain difficulties of organization inherent in such localities do not militate in favour of their systematic assimilation with the "Hospital zones for war casualties" mentioned in the First Convention,
- (3) that the status of "Non-defended zones and localities" and "Neutralized zones and localities", proposed by the ICRC in the draft Protocols Additional to the Geneva Conventions, adequately meets the requirements for the protection of civilian populations, by taking better into account de facto situations and by not requiring the creation and operation of "Hospital and safety zones",

Noting, nevertheless, that certain ambiguities and omissions subsist in the articles and model agreements on the conditions of supervision and the consequences of shortcomings that may be either alleged or found;

MISCELLANEOUS

Deeming it expedient to compile as full a list as possible of the events which have occurred from time to time during the armed conflicts of the last few decades and shown that action improvised during the course of military operations is actually possible.

DECIDES:

- 1. To entrust to a Working Group the study of this latter point, because of its significance in the search for practical conditions that could open the way for the fullest protection of military and civilian wounded persons and of civilian populations in armed conflicts,
- 2. To undertake the compilation of this systematic list, in cooperation with the San Remo International Institute of Humanitarian Law, and the utilization of the documentation prepared by the International Committee of the Red Cross.

Resolution III

The Commission médico-juridique, at its VIIth session in Monaco on 18, 19 and 20 April 1974,

Noting with satisfaction that one of the first results obtained at the Diplomatic Conference on the Reaffirmation and Development of International Humanitarian Law Applicable in Armed Conflicts was the adoption by one of its commissions of draft regulations concerning the identification and marking of medical aircraft personnel, units and means of transport,

Expresses the wish that the protective status of medical aircraft, to the preparation of which the Diplomatic Conference has successfully and efficaciously contributed, will be definitively adopted at its second session in 1975,

and is confident that the delegations of the Principality of Monaco will play their part in bringing this about.

THE OBJECTIVE OF WORLD POPULATION YEAR

As International Review has mentioned in a previous issue, the United Nations has proclaimed 1974 World Population Year, in order to arouse the conscience of mankind to the demographic explosion. The May issue of the Unesco Courier is devoted to this problem as revealed by various UN studies and enquiries.

The following extract from the Unesco publication explains the purpose of the UN initiative.

The effects of today's population trends will be felt decades and centuries from now. Measures aimed at modifying these trends—or the failure to find and implement such measures—will be felt by generations to come. It is those future generations who will either reap the benefits or pay the price for our action or inaction today.

Because of the great time lag between action and effect, it is important to begin today to find out—on a global scale—where we are headed. This, in essence, is the objective of the World Population Year, 1974, as designated by the United Nations, and is the substance of the agenda for the World Population Conference to be held in Bucharest (Romania) in August, 1974. Then, representatives from United Nations member countries will convene to discuss, analyse and make recommendations upon what has become known, generally, as the "population problem".

There are differing viewpoints as to the urgency of the world population problem; some believe global catastrophe already threatens the human race due to the vast population increase multiplied by effects and demands of industry and technology. Others are optimistic, seeing the solution in terms of technological progress that will meet the needs of countless more billions. The need for radical structural reforms of an economic, social and political nature on a world and national scale is often stressed, and some oppose what they consider to be an overemphasis on family planning and population control.

MISCELLANEOUS

Whatever the differences, there is wide agreement on certain assumptions that inevitably relate to population problems: that nations are more interdependent than ever before; that the rich have an obligation to help the poor; that no matter how many people the earth might eventually support, too many too soon can have, and are having, harmful effects; that society should seek to improve the living standards and the quality of life of all people; that overcrowding, pollution, poverty, ignorance, disease, waste of resources and social alienation must be eliminated; that the earth itself—fields and forests, lakes and seas—is now measurably affected by man's activities and must be protected against man's abuses in order to save mankind; that children should be born into a family and a world that wants them; that nations can and should help one another and combine their knowledge for the benefit of all.

The population situation is different in each country. The United Nations General Assembly, the Economic and Social Council and its Population Commission have frequently emphasized that it is the sovereign right of each government to establish its own policy relating to population. Yet they have also recognized a need for nations to come together and find common aims. The World Population Year, 1974, and the World Population Conference are expressions of this position.

BOOKS AND REVIEWS

Migrant Children, ICMC, Migrations dans le monde, Nº 1, 1974, Geneva.

Health and social problems. — ... Some time before, another specialized institution, the International Children's Centre also turned its attention to problems concerning migrant children. This was during a colloquium held in Paris at the Centre (Château de Longchamp, Paris 16e) from 19 to 22 March 1973, which was itself a follow-up to a seminar held in 1968.

Committees worked on problems concerning the health, schooling and social adaptation problems of migrant children. We reproduce here excerpts from the conclusions of the first and third committees.

The Pathology of Migrant Children. — As far as the pathology of a migrant worker's child is concerned, the troubles can be broken down as follows: on the one hand, those found among the indigenous population living in the same unfavourable socio-economic conditions, doubtless aggravated by difficulties of adaptation, and, on the other hand, a pathology which can be described as imported, or specifically linked to immigration.

Among the poorer class of the native population, tuberculosis heads the list of diseases, with a relatively high rate of primary infection among children and adolescents.

Certain other complaints, such as poliomyelitis, practically eliminated in the receiving country by a well organized general prevention campaign, appear among migrant workers.

Other questions such as family planning are particularly acute among migrant workers, chiefly because of sociological factors which pose the problem in terms different from those to which social workers in the receiving country are used.

The pathology directly linked to the "migration" phenomenon received special attention, and the group distinguished:

1. "Tropical" pathology.

This concerns imported diseases such as: parasitosis (ascariasis, bilharziasis, ankylostomiasis); certain bacterial or viral diseases such as trachoma; diseases affecting a particular region or ethnic group: osteomalacia in immigrants from India and Pakistan, and thalassemia among Mediterranean peoples.

2. Pathology linked to an insufficient knowledge of health matters or to cultural traditions: rickets, extremely frequent among Maghreb

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peoples, because of the tradition that young children shall not be exposed to light; serious nutritional ailments (even kwashiorkor) especially at weaning.

3. Psychiatric disorders that can be classified as follows: depressed reaction on the part of a mother separated from some of her children; the paranoiac reaction of immigrants who had expected a great deal of their new situation but are often confronted with a reality far from their hopes; pseudo-deficiency among children, who were used to the sociocultural level of their country of origin but feel out of their depth in the receiving country. This leads to their being placed in special classes at school, and thus leads to the appearance of real deficiencies.

Among other difficulties of adaption likely to result in serious psychiatric disorder, the following are indicated: the disorganization of the family structure when the adolescent, having been educated in the language of the receiving country, usurps the paternal authority; conflicts arising when adolescent girls, experiencing a feeling of liberation, refuse to acknowledge the tradition of a woman's submission; the increased risk of breaking emotional family ties, as for example in the case of the virtually obligatory hospitalization of children, even for benign infections, bad housing conditions, or the provisional repatriation or delayed arrival of some children; and, obviously, the difficulty of making a diagnosis and giving psychiatric treatment, partly because of the linguistic barrier and perhaps mainly because of cultural obstacles, since the immigrants' system of values often is unknown to doctors and social workers in the receiving country.

In order to resolve these multiple problems, the group does not think that a specialized service should be established, but that the existing medico-social structures should be strengthened so as to allow:

- (a) the drawing up of a list of families who are at high risk;
- (b) the provision of all necessary preventive, educative and therapeutic action.

Social adaption. — The social adaption of migrant children should be envisaged within an economic, cultural and political context, the essential elements of which depend on:

- the country of origin,
- the receiving country,
- the migrants themselves.

A distinction must be made between the children of families settled in the receiving country for a long time and newly installed migrants. The children's age at the time of emigration will also influence their social adaption.

Whether or not at the time of emigration the head of the family proposes to opt for temporary immigration, the family must be reunited.

Not only does the dispersion of the family unit over too long a period of time lead to psychological and physiological difficulties for the couple, but it may also make parent-children and more especially father-children relationships more difficult.

The child is conditioned by the quality of the education he receives. But the success of his social integration is linked closely to adaption and to the problems that arise in the family unit of which he is a part.

Cultural policies in Asia. Louis Cheissoux, Unesco Chronicle, Paris, November 1973. No 11.

Lifelong education and cultural development.—In so far as cultural development has its roots in the varied circumstances of life and is fundamentally concerned with man playing an active part in the advancement of the community, it is also an educational undertaking. In so far as lifelong education contributes to the social and civic education of the individual, develops his judgement, his initiative and his ability to adapt to change, it performs an eminently cultural function.

The two activities are therefore closely linked. How is this relationship expressed in the countries of Asia? How can lifelong education contribute to improving the cultural life of individuals and societies? And, conversely, how can cultural development become part of an overall educational process? It can be said that adult education is an essential factor of cultural development; that the public authorities have a duty to give high priority to access to, and participation in, culture in its most varied forms by all social classes; that this activity can only be effectively carried out in the context of a community where lifelong education is established; that it implies making use of "animateurs" or community leaders belonging to those same groups they are called upon to stimulate, and the participation of professional specialists in lifelong education and cultural activity.

Malnutrition and mental development, WHO Chronicle, Geneva, March 1974.

...The most important conclusion that can be drawn from the discussions at both the symposium and the workshop was that, in spite of the widely held and widely publicized opinion that malnutrition in early life jeopardizes mental development, the evidence to support this opinion—especially that from studies conducted in man—is scanty. Futhermore, most of the work has been carried out on children suffering from extreme degrees of malnutrition and there is practically no evidence of a relationship between the much commoner mild and moderate forms of malnutrition and mental retardation. What seems probable is that there is an interaction between malnutrition and other environmental factors, especially social stimulation, and that the child's ultimate intellectual status is the resultant of this interaction.

A difficult ethical problem is raised by some types of research on malnutrition, especially intervention programmes in which an attempt is made to suppress, at least temporarily, one or more of the factors that may be having an adverse effect on mental development. Such work should not be undertaken without considering the consequences for the subjects concerned and the implications for public health programmes. Is it ethical, for instance, to give a child extra food for a while and then, when the research is completed, to allow him to revert to his former inadequate diet? Are the results of such research applicable to public health work? Are the results obtained in one area reproducible in another quite different area? There is so far no answer to these questions.

What is certain is that, although a great deal of research in both animals and man has been carried out in this field, much remains unknown. The relevant studies depend to a large extent upon measurement, and a great deal of work has still to be done to perfect the methods of measurement employed. However, complicated methods, although technically feasible, are usually inapplicable in the countries where malnutrition occurs. Both the symposium and the workshop underlined the very careful preparatory work in methodology and planning that are an essential prerequisite for obtaining meaningful results in the study of the relationship between malnutrition and mental development.

Abolishing the ghettos for disabled citizens, Norman Acton, the Unesco Courier, March 1974.

At least one out of every ten children requires what is called special education. These are the children who are called "disabled" or "handicapped" or sometimes "exceptional". They need specialized guidance, technical aids, modified physical arrangements of the school and classroom and programmes designed specifically to enable them to achieve the goals of education.

The Declaration of the Rights of the Child, adopted by the United Nations General Assembly in 1959, states that each child shall be given an education which will enable him to become a useful member of society. That goal is especially important for the handicapped child and much more difficult to achieve. The difficulties are to varying degrees consequences of the individual disabilities, but also they are products of society's attitudes towards handicapped persons.

Active involvement of the community in its special education programme is one of the key ingredients of the effort to overcome these difficulties.

Let us look at some of the details on which the above generalizations are based.

What do we mean by community involvement?

The basic function of the community in this field is, of course, to provide special education facilities; to finance them through taxation and other means; and to incorporate them in the general educational scheme. The methods and structure may vary, but there is wide international acceptance of the concept that the provision of special education is a public responsibility of the community and its government.

Conclusions of the First International Conference on Legislation Concerning the Disabled, organized by Rehabilitation International in Rome in 1971, were that "governments must accept major responsibility and play a main role in the development and provision of rehabilitation services for all persons with physical and mental disabilities," and that "education should be provided without cost to the individual or the individual's family."

This is not to overlook the vital role played by voluntary organizations in starting and providing special education services. In many countries parents' groups and other private bodies have been the first to be aware of the problems which exist when there are no special educational facilities. They have themselves provided the first services and have been instrumental in persuading their governments to either launch official programmes or support private efforts...

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... An understanding of the educational, as well as of any of the other problems of physical or mental disability must be based on the knowledge that many of these problems are created or made more damaging by society and by its attitudes.

Historically, we have stigmatized those who are different and excluded them from the so-called normal life of our communities. We have built our buildings and our cities in ways that exclude people with limited mobility. We have not yet learned to regard people in terms of their abilities, rather than of their disabilities when those exist in the stigmatized forms. We have created educational, vocational and social ghettos in which our disabled citizens are supposed to live and learn and work.

Special education is designed to help handicapped individuals in making the fullest use of their capabilities, but it cannot succeed without the understanding and the support of the community in which it is placed. It cannot finally succeed until society has done its part in eliminating the physical and social barriers it erects in the paths of our disabled citizens.

The Extended Role of Professional Nursing—Patient Education. S. Fleischer Schweer and E. Crow Dayani, International Nursing Review, Geneva, 1973, No 6.

... A basic component of nursing care should be the practical implementation of patient teaching. This includes instruction as part of the nursing care plan for each patient. Teaching a patient should be as important a part of a nurse's daily assignment as any other treatment. Necessary in this area are accurate and progressive charting and communication among all members of the health team. Leadership by the professional nurse is indispensable in the provision of total patient care and education.

The need for patient education has always existed and continually grows. It is the obligation of the professional nurse to initiate as many practical recommendations as seem appropriate in order to reach this goal. All health professions might then accomplish total patient 'continuum of care'. The time is *now*, and it has never been more necessary to begin.

THREE RECENT ICRC PUBLICATIONS ISSUED FOR THE DIPLOMATIC CONFERENCE ON THE REAFFIRMATION AND DEVELOPMENT OF INTERNATIONAL HUMANITARIAN LAW APPLICABLE IN ARMED CONFLICTS

Draft Additional Protocols to the Geneva Conventions of August 12, 1949
Geneva, 1973; 8vo, 46 pp Sw. Fr. 10.—
Draft Additional Protocols to the Geneva Conventions of August 12, 1949
Commentary
Geneva, 1973; 8vo, 176 pp Sw. Fr. 20.—
Weapons that may cause Unnecessary Suffering or have Indiscriminate Effects
Report on the Work of Experts
Geneva, 1973, 72 pp

EXTRACT FROM THE STATUTES OF THE INTERNATIONAL COMMITTEE OF THE RED CROSS

ADOPTED 21 JUNE 1973

ART. 1. — International Committee of the Red Cross

- 1. The International Committee of the Red Cross (ICRC), founded in Geneva in 1863 and formally recognized in the Geneva Conventions and by International Conferences of the Red Cross, shall be an independent organization having its own Statutes.
 - 2. It shall be a constituent part of the International Red Cross.¹

ART. 2. — Legal Status

As an association governed by Articles 60 and following of the Swiss Civil Code, the ICRC shall have legal personality.

ART. 3. — Headquarters and Emblem

The headquarters of the ICRC shall be in Geneva.

Its emblem shall be a red cross on a white ground. Its motto shall be *Inter arma caritas*.

ART. 4. — Role

- 1. The special role of the ICRC shall be:
- (a) to maintain the fundamental principles of the Red Cross as proclaimed by the XXth International Conference of the Red Cross;
- (b) to recognize any newly established or reconstituted National Red Cross Society which fulfils the conditions for recognition in force, and to notify other National Societies of such recognition;
- (c) to undertake the tasks incumbent on it under the Geneva Conventions, to work for the faithful application of these Conventions and to take cognizance of any complaints regarding alleged breaches of the humanitarian Conventions;

¹ The International Red Cross comprises the National Red Cross Societies, the International Committee of the Red Cross and the League of Red Cross Societies. The term "National Red Cross Societies" includes the Red Crescent Societies and the Red Lion and Sun Society.

- (d) to take action in its capacity as a neutral institution, especially in case of war, civil war or internal strife; to endeavour to ensure at all times that the military and civilian victims of such conflicts and of their direct results receive protection and assistance, and to serve, in humanitarian matters, as an intermediary between the parties;
- (e) to ensure the operation of the Central Information Agencies provided for in the Geneva Conventions;
- (f) to contribute, in view of such conflicts, to the preparation and development of medical personnel and medical equipment, in co-operation with the Red Cross organizations, the medical services of the armed forces, and other competent authorities;
- (g) to work for the continual improvement of humanitarian international law and for the better understanding and diffusion of the Geneva Conventions and to prepare for their possible extension;
- (h) to accept the mandates entrusted to it by the International Conferences of the Red Cross.
- 2. The ICRC may also take any humanitarian initiative which comes within its role as a specifically neutral and independent institution and consider any question requiring examination by such an institution.

ART. 6 (first paragraph). — Membership of the ICRC

The ICRC shall co-opt its members from among Swiss citizens. It shall comprise fifteen to twenty-five members.

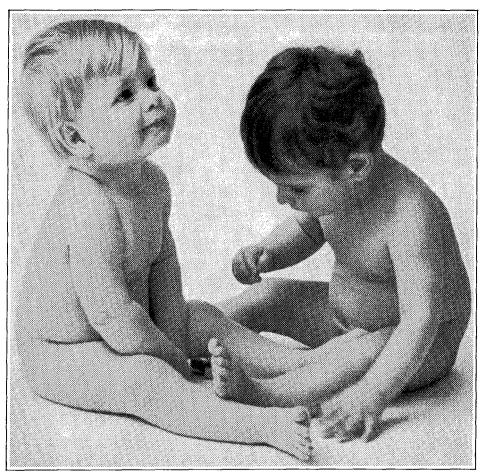


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- ALBANIA Albanian Red Cross, 35, Rruga e Barrikadavet, Tirana.
- ALGERIA Algerian Red Crescent Society, 15 bis, Boulevard Mohamed V, Algiers.
- ARGENTINA Argentine Red Cross, H. Yrigoyen 2068, Buenos Aires.
- AUSTRALIA Australian Red Cross, 122-128 Flinders Street, Melbourne 3000.
- AUSTRIA Austrian Red Cross, 3 Gusshausstrasse, Postfach 39, Vienna 4.
- BAHRAIN Bahrain Red Crescent Society, P.O. Box 882, Manama.
- BANGLADESH Bangladesh Red Cross Society, Amin Court Building, Motifheel Commercial Area, Dacca 2.
- BELGIUM Belgian Red Cross, 98 Chaussée de Vleurgat, 1050 Brussels.
- BOLIVIA Bolivian Red Cross, Avenida Simón Bolívar, 1515, *La Paz*.
- BOTSWANA Botswana Red Cross Society, Independence Avenue, P.O. Box 485, Gaborone.
- BRAZIL Brazilian Red Cross, Praça Cruz Vermelha 10-12, Rio de Janeiro.
- BULGARIA Bulgarian Red Cross, 1, Boul. S. S. Biruzov, Sofia 27.
- BURMA (Socialist Republic of the Union of) Burma Red Cross, 42 Strand Road, Red Cross Building, Rangoon.
- BURUNDI Red Cross Society of Burundi, rue du Marché 3, P.O. Box 324, Bujumbura. CAMEROON Cameroon Red Cross Society,
- rue Henry-Dunant, P.O.B. 631, Yaoundé.
- CANADA Canadian Red Cross, 95 Wellesley Street East, Toronto, Ontario, M4Y 1H6.
- CENTRAL AFRICAN REPUBLIC Central African Red Cross, B.P. 1428, Bangui.
- CHILE Chilean Red Cross, Avenida Santa María 0150, Correo 21, Casilla 246V., Santiago de Chile.
- CHINA Red Cross Society of China, 22 Kanmien Hutung, Peking, E.
- COLOMBIA Colombian Red Cross, Carrera
 7a, 34-65, Apartado nacional 1110, Bogotá D.E.
 COSTA RICA Costa Rican Red Cross, Calle 5a,
- Apartado 1025, San José. CUBA — Cuban Red Cross, Calle 23 201 esq.
- N. Vedado, Havana.

 CZECHOSLOVAKIA Czechoslovak Red
- Cross, Thunovska 18, Prague I.

 DAHOMEY Red Cross Society of Dahomey,
- P.O. Box 1, Porto Novo.

 DENMARK Danish Red Cross, Ny Vestergade
- 17, DK-1471 Copenhagen K.
 DOMINICAN REPUBLIC Dominican Red
- Cross, Apartado Postal 1293, Santo Domingo.
- ECUADOR Ecuadorian Red Cross, Calle de la Cruz Roja y Avenida Colombia 118, Quito. EGYPT (Arab Republic of) — Egyptian Red
- Crescent Society, 34 rue Ramses, Cairo.

 EL SALVADOR El Salvador Red Cross, 3a

 Avenida Norte y 3a Calle Poniente 21, San
- Salvador.

 ETHIOPIA Ethiopian Red Cross, Red Cross Road No. 1, P.O. Box 195, Addis Ababa.
- FIJI Fiji Red Cross Society, 193 Rodwell Road, P.O. Box 569, Suva.

- FINLAND Finnish Red Cross, Tehtaankatu 1 A, Box 168, 00141 Helsinki 14.
- FRANCE French Red Cross, 17, rue Quentin Bauchart, F-75384 Paris, CEDEX 08.
- GERMAN DEMOCRATIC REPUBLIC German Red Cross of the German Democratic Republic, Kaitzerstrasse 2, DDR 801 Dresden 1.
- GERMANY, FEDERAL REPUBLIC OF German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, 5300, Bonn 1, Postfach (D.B.R.).
- GHANA Ghana Red Cross, National Headquarters, Ministries Annex A3, P.O. Box 835, Accra.
- GREECE Hellenic Red Cross, rue Lycavittou 1, Athens 135.
- GUATEMALA Guatemalan Red Cross, 3ª Calle 8-40, Zona 1, Ciudad de Guatemala.
- GUYANA Guyana Red Cross, P.O. Box 351, Eve Leary, Georgetown.
- HAITI Haiti Red Cross, Place des Nations Unies, B.P. 1337, Port-au-Prince.
- HONDURAS Honduran Red Cross, 1^a Avenida entre 3a y 4a Calles, No 313, Comayagüela, D.C.
- HUNGÁRY Hungarian Red Cross, V. Arany János utca 31, Budapest V. Mail Add.: 1367 Budapest 5, Pf. 249.
- ICELAND Icelandic Red Cross, Øldugøtu 4, Post Box 872, Reykjavik.
- INDIA Indian Red Cross, 1 Red Cross Road, New Delhi 1.
- INDONESIA Indonesian Red Cross, Djalan Abdul Muis 66, P.O. Box 2009, Djakarta.
- IRAN Iranian Red Lion and Sun Society, Av. Villa, Carrefour Takhté Djamchid, *Teheran*. IRAO — Irania Red Crescent, Al-Mansour,
- IRAQ Iraqi Red Crescent, Al-Mansour,
 Baghdad.
 IRELAND Irish Red Cross, 16 Merrion
- Square, Dublin 2.

 ITALY Italian Red Cross, 12 via Toscana,
- Rome.

 IVORY COAST Ivory Coast Red Cross
- Society, B.P. 1244, Abidjan.
- JAMAICA Jamaica Red Cross Society, 76 Arnold Road, Kingston 5.
- JAPAN Japanese Red Cross, 1-1-5 Shiba Daimon, Minato-Ku, Tokyo 105.
- JORDAN Jordan National Red Crescent Society, P.O. Box 10 001, Amman.
- KENYA Kenya Red Cross Society, St John's Gate, P.O. Box 40712, Nairobi.
- KHMER REPUBLIC Khmer Red Cross, 17 Vithei Croix-Rouge khmere, P.O.B. 94, Phnom-Penh.
- KOREA, DEMOCRATIC PEOPLE'S REPUB-LIC OF — Red Cross Society of the Democratic People's Republic of Korea, Pyongyang.
- KOREA, REPUBLIC OF The Republic of Korea National Red Cross, 32-3Ka Nam San-Dong, Seoul.
- KUWAĬT Kuwait Red Crescent Society, P.O. Box 1359, Kuwait.
- LAOS Lao Red Cross, P.B. 650, Vientiane.
 LEBANON Lebanese Red Cross, rue Général Spears, Beirut.
- LESÔTHO Lesotho Red Cross Society, P.O. Box 366, Maseru.

- LIBERIA Liberian National Red Cross, National Headquarters, 107 Lynch Street, P.O. Box 226, Monrovia.
- LIBYAN ARAB REPUBLIC Libyan Red Crescent, P.O. Box 541, Benghazi.
- LIECHTENSTEIN Liechtenstein Red Cross, Vaduz.
- LUXEMBOURG Luxembourg Red Cross, Parc de la Ville, C.P. 1806, Luxembourg.
- MALAGASY REPUBLIC Red Cross Society of the Malagasy Republic, rue Clémenceau, P.O. Box 1168, Tananarive.
- MALAWI Malawi Red Cross, Hall Road, Blantyre (P.O. Box 30080, Chichiri, Blantyre 3).
- MALAYSIA Malaysian Red Cross Society, 519 Jalan Belfield, Kuala Lumpur.
- MALI Mali Red Cross, B.P. 280, route de Koulikora, Bamako.
- MAURITANIA Mauritanian Red Crescent Society, B.P. 344, Avenue Gamal Abdel Nasser, Nouakchott.
- MEXICO Mexican Red Cross, Avenida Ejército Nacional nº 1032, México 10 D.F.
- MONACO Red Cross of Monaco, 27 boul. de Suisse, Monte Carlo.
- MONGOLIA Red Cross Society of the Mongolian People's Republic, Central Post Office, Post Box 537, Ulan Bator.
- MOROCCO Moroccan Red Crescent, B.P. 189, Takaddoum, Rabat.
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- SUDAN Sudanese Red Crescent, P.O. Box 235, Khartoum.
- SWEDEN Swedish Red Cross, Artillerigatan 6, S-114 51. Stockholm 14.
- SWITZERLAND Swiss Red Cross, Taubenstrasse 8, B.P. 2699, 3001 Berne.
- SYRIA (Syrian Arab Rep.) Syrian Red Crescent, 13, Abi Ala, Almaari Street, Damascus.
- TANZANIA Tanzania Red Cross Society, Upanga Road, P.O.B. 1133, Dar es Salaam.
- THAILAND Thai Red Cross Society, Paribatra Building, Chulalongkorn Memorial Hospital, Bangkok.
- TOGO Togolese Red Cross Society, 51, rue Boko Soga, P.O. Box 655, Lomé.
- TRINIDAD AND TOBAGO Trinidad and Tobago Red Cross Society, Regional Community Park, Wrightson Road Extension, P.O. Box 357, Port of Spain, Trinidad, West Indies.
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- UGANDA Uganda Red Cross, Nabunya Road, P.O. Box 494, Kampala.
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- URUGUAY Uruguayan Red Cross, Avenida 8 de Octubre 2990, Montevideo.
- U.S.A. American National Red Cross, 17th and D Streets, N.W., Washington, D.C. 20006.
- U.S.S.R. Alliance of Red Cross and Red Crescent Societies, Tcheremushki, I. Tcheremushkinskii proezd 5, Moscow B-36.
- VENEZUELA Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, Caracas.
- VIET NAM, DEMOCRATIC REPUBLIC OF— Red Cross of the Democratic Republic of Viet Nam, 68 rue Bà-Trièu, *Hanoi*.
- VIET NAM, REPUBLIC OF Red Cross of the Republic of Viet Nam, 201 duong Hông-Thập-Tu, No. 201, Saigon.
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